

Testimony by the Village for Families & Children, Inc.
**In support of Senate Bill 652: An Act Concerning Referrals from the
Department of Children and Families to the Birth to Three Program (Part C)**

Select Committee on Children
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I submit this testimony on behalf of the Village for Families & Children, a non-profit human services agency founded in 1809, which is committed to building a community of strong, healthy families who protect and nurture children. Through its work with children and families, the Village has emerged as a preeminent mental health/human service agency serving the Hartford region and the state of Connecticut. We serve 7,000 children annually with at least a 1,000 of those children ages 5 and under.

Background

State Early Intervention programs provided through Part C of the Individuals with Disabilities Education Improvement Act (IDEIA) offer critical opportunities to enhance children's chances of realizing their full educational and personal potential. Early Intervention (EI) services provided to infants and toddlers, birth up to age 3, with identified disabilities can greatly reduce the long-term negative consequences of early developmental delays.⁽¹⁾

There is strong evidence that young children's social emotional wellbeing provides the foundation for success in school and the ability to pursue positive life goals.^(5,6) Children who enter school able to manage their emotions, engage in trusting relationships with adults, and use social skills that help them get along with peers have been shown to be more engaged in classroom learning than children lacking these competencies.^(5, 6)

Despite our current knowledge about the importance of young children's social-emotional wellbeing, Early Intervention/ Part C programs across states show highly varying levels of attention or concern to the social-emotional needs of infants and toddlers – especially our most vulnerable youngest citizens – abused and neglected infants and toddlers.

State Early Intervention programs provided through Part C of the Individuals with Disabilities Education Improvement Act (IDEIA) offer unique opportunities to enhance children's chances of realizing their full educational and personal potential. Early Intervention (EI) services provided to infants and toddlers, birth up to age 3, with identified disabilities can greatly reduce the long-term negative consequences of early developmental delays.¹ In states where program eligibility is extended to children who are at-risk for serious developmental delays, EI services can help prevent disabilities and set children on a healthy developmental path toward school readiness, academic success, and positive social adjustment.^{2, 3, 4} In addition to intervening very early in children's lives, a strength of EI as a preventive program lies in its mandate to address problems across all areas of young children's development including cognitive, communication, social, emotional, and physical delays.

Eligibility

Birth to Three (Part C) eligibility is determined by each state's definition of developmental delay and whether or not it includes children "at risk" for disabilities in the eligibility formula. Historically States have been given a lot of discretion for determining eligibility for entry into their programs.

The Connecticut Birth to Three System does not serve infants and toddlers who are at risk for delay due to "environmental causes". Although, we equivocally now know that "environmental causes" such as abuse, neglect, parental substance use, parental mental illness, disrupted attachments, extreme poverty and etc. profoundly result in developmental delays.

Children under age three who live in Connecticut are eligible for Birth to Three System supports because they either:

- show a **significant developmental delay** in one or more areas, **or**
- have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay

A "significant developmental delay" is a developmental delay of two standard deviations below the mean in one area of development, or -1.5 SD in two or more areas of development.

For those of us, who don't conduct developmental assessments as part of our professional practice a 2 Standard Deviation away from the mean equates to (approx.) a 40% delay based on chronological age (**i.e. a 6 month old would need to be functioning at 2 month 2 week old assessed level to qualify as significant in one domain area**).

Another example of state discretion in determining the eligibility for entry into Part C program, is choosing whether or to not require that a professional with expertise in early social-emotional development/ or infant mental health is to sit on the evaluation team that determines infants' and toddlers' eligibility for Early Intervention/ Part C services - **Connecticut does not**.

Our state's current referral, assessment and eligibility criteria already drastically limit the number of children who are assessed and subsequently receive early intervention services without factoring in the infants and toddlers with substantiated trauma experiences of abuse and/or neglect.

Maltreated Infants & Toddlers

Nationally, approximately one third of infants and toddlers investigated by child welfare services have a developmental delay. (19)

Data from the National Survey of Child and Adolescent Well-Being indicate that 35% of children from birth to 3 years old involved in child welfare investigations were in need of early intervention services. However, only a small percent (12.7%) of these children were receiving the Individualized Family Service Plans to which they were entitled under federal law. (20)

According to the National Survey of Child and Adolescent Well-Being, half of maltreated infants exhibit some form of cognitive delay.³⁴ They are more likely to have deficits in IQ scores,

language ability, and school performance than other children who have not been maltreated.
(35)

Disproportionate exposure to early trauma and other developmental risk factors can result in a variety of mental health disorders. Physical abuse impairs a young child's social adjustment, including elevated levels of aggression that are apparent even in toddlers.

Infants and toddlers who have experienced abuse and neglect, or who have been exposed to prenatal maternal alcohol and/or substance abuse, have higher rates of physical and emotional problems.

Nationally, of children under the age of 5 in foster care, it is estimated that between 23% and 61% are found to be significantly delayed when screened for developmental problems.(49) Only 10% to 12% of children under age 5 in the general population are estimated to experience similar delays.(50)

The Early Intervention Program for Infants and Toddlers with Disabilities, or Part C of the Individuals with Disabilities Education Act (IDEA), is a federal grant program that assists states in operating a comprehensive program of services for children from birth to 3 years old with developmental delays or who are "at risk" of developing a delay. Amendments to the Child Abuse Prevention and Treatment Act (CAPTA) of 2003 required states to develop procedures to assure that all children from birth to 3 years old who were involved in a substantiated incident of abuse or neglect are referred to Part C.

The IDEA amendments of 2004 also required Part C services for all children who have been maltreated or exposed to domestic violence and illegal prenatal substances. – **Connecticut does not.**

Failure to Act

I know these facts to be true. I and my team of 38 early childhood mental health, development, education. Home visitors, and family support professionals work with a concentrated number of the infants and toddlers who are non-referred, ineligible or unassessed by our Birth to 3/Part C program. Through innovative programs like Child FIRST, assessment protocols and design like Mid-level Developmental Assessment and an agency belief that too many babies and toddlers are demonstrating delays that have already compromised their potential and will result in long term cognitive, social, emotional and physical developmental challenges – we see, we support and we nurture these very children.

At a quick glance of our agency specific data (which is Hartford centric), approximately 30% of the children birth-5 annually receiving services are involved with the Department of Children & Families (approximately 300 children).

Of those 300 children, approximately 40% or 120 children have identified developmental or behavioral health concerns as assessed by our clinical teams. It is important to note that most of the children are between the ages of 3 and 5 when we begin to work with them and their families. The critical window of identification and intervention from Part C/ Birth to 3 has already been lost.

A substantiated case of abuse or neglect is an automatic reason to refer and evaluate infants and toddlers for developmental delays. There isn't a more appropriate, responsible and critical

time for an automatic referral within our states child identification & assessment system. Experts, Washington and CAPTA Legislation has validated this causal link and yet we haven't systemically or purposefully done anything about it.

Thank You.

References and Resources

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